



PCC Radiography Program Community Engagement Form

Part I: To be completed by the Applicant

Applicant Name:

Applicant Student ID Number:

G0

Community Engagement is any type of unpaid volunteer hours completed in the last 7 years, which is not being used to award healthcare experience or service member points. Community engagement experiences must meet the following criteria: 1. Focused on serving people 2. Directly benefited a specific population in need 3. The service experience was unpaid.

Community engagement hours may be accumulated through the end of winter term (March 24, 2024) prior to the application deadline. Applicants may earn 5 points toward their application for 51+ hours or 3 points for 20-50 hours of documented community engagement.

This form must be filled out completely and uploaded in the documents section of the applicant's AHCAS online application by 8:59pm PST (11:59 EST) on April 15, 2024. Documentation submitted after that date and time will not be considered. **The community engagement form will not be accepted without a volunteer coordinator or supervisor signature.**

Providing false information on this form will result in nullification of application and/or dismissal from the program.

Part II: To be completed by the Volunteer Coordinator or Supervisor

Organization/Facility:

Volunteer Coordinator/Supervisor Name:

Contact Phone:

Email Address:

Please list the applicant's dates of service:

Start Date:

End Date:

Total number of hours completed by March 24, 2024:

Please provide a brief description or attach separate documentation of duties performed while volunteering for your organization and explain how it has served marginalized, underrepresented, and/or disadvantaged communities.

I verify the above identified applicant's community engagement experience and hours are complete and accurate. The accrued hours have been calculated through the end of winter term 2024 (March 24, 2024). PCC reserves the right to contact anyone listed on this form to verify that this information is true and correct.

Volunteer Coordinator/Supervisor Signature: _____ **Date:** ____/____/____

This form must be uploaded to the documents section of the AHCAS Application.